

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2008 OF THE CONDITION AND AFFAIRS OF THE

CareSource Michigan

| | 000 , 0000 NAI | IC Company Code9 | <u>Employer's</u> | s ID Number <u>38-3252216</u> |
|---|--|---|---|---|
| Organized under the Laws of | , , , | , State of D | omicile or Port of Entry | Michigan |
| Country of Domicile | | United Sta | tes | |
| Licensed as business type: | Life, Accident & Health [] | Property/Casualty [] | Dental Service Corpo | oration [] |
| | Vision Service Corporation [] | Other [] | Health Maintenance | Organization [X] |
| | Hospital, Medical & Dental Service | or Indemnity [] | Is HMO, Federally Q | ualified? Yes [] No [X] |
| Incorporated/Organized | 05/24/1995 | Commenced Bu | siness | 08/01/1996 |
| Statutory Home Office | 2369 Woodlake Dr, Su | uite 200 , _ | Okemo | os, MI 48864-6024 |
| • | (Street and Number) | | | own, State and Zip Code) |
| Main Administrative Office | | | ke Dr, Suite 200 | |
| Okem | nos, MI 48864-6024 | (Street a | nd Number) 517-349-9 | 9922 |
| (City or | Town, State and Zip Code) | | (Area Code) (Teleph | one Number) |
| Mail Address | 2369 Woodlake Dr, Suite 200 (Street and Number or P.O. Box) | | | /II 48864-6024 State and Zip Code) |
| Primary Location of Books ar | (************************************** | 236 | 9 Woodlake Dr, Suite 20 | , |
| • | | 200. | (Street and Number) | |
| | nos, MI 48864-6024 Town, State and Zip Code) | | 937-531-2 (Area Code) (Teleph | |
| Internet Website Address | Town, state and Zip Gode) | www.caresource- | | one Number) |
| Statutory Statement Contact | Pamela S. Sedma | | | 7-531-2206 |
| • | (Name) | <u> </u> | | ephone Number) (Extension) |
| pamela.se | dmak@caresource.com (E-mail Address) | | 937-531-2 (FAX Numb | |
| Name Pamela B. Morris | Title, President/Chief Executive | OFFICERS - Officer R. D | Name aniel Sadlier, | Title Vice-Chairman |
| Pamela S. Sedmak | OT , Chief Financial Offic | HER OFFICERS or Cr | raig Thiele, | Chief Medical Officer |
| | DIRECT | ORS OR TRUST | EES | |
| John Rockwood | Patricia Teague | | ne Williams | Pamela B. Morris |
| R. Daniel Sadlier | | | | |
| State of | | | | |
| County of | SS | | | |
| above, all of the herein described this statement, together with relat of the condition and affairs of the completed in accordance with the that state rules or regulations req respectively. Furthermore, the sor | assets were the absolute property of the sed exhibits, schedules and explanations the said reporting entity as of the reporting per NAIC Annual Statement Instructions and Auire differences in reporting not related to append of this attestation by the described officers. | aid reporting entity, free and clerein contained, annexed or re eriod stated above, and of its in Accounting Practices and Proce accounting practices and proce cers also includes the related of | lear from any liens or claims ferred to is a full and true st acome and deductions there edures manual except to the dures, according to the best corresponding electronic filir | ity, and that on the reporting period stated is thereon, except as herein stated, and that tatement of all the assets and liabilities and efrom for the period ended, and have been a extent that: (1) state law may differ; or, (2) to fit their information, knowledge and belief, og with the NAIC, when required, that is an opy various regulators in lieu of or in addition |
| Pamela B. M | | R. Daniel Sadlier | | Pamela S. Sedmak |
| President/Chief Exe | cutive Officer | Vice-Chairman | | Chief Financial Officer |
| Subscribed and sworn to be day of | efore me this | | a. Is this an original to b. If no, 1. State the amenda. Date filed 3. Number of page | dment number |

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

| EXTIDIT 2 XCCIDENT | / 1.12 1.12/ 12 1.1. | <u> </u> | | | | |
|---|-------------------------------------|--------------|--------------|--------------|-------------|----------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Name of Debtor | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | Over 90 Days | Nonadmitted | Admitted |
| 0199999 Total individuals | | | | | | |
| Group subscribers: | | | | | | |
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| 0299997 Group subscriber subtotal | | 0 | Λ | 0 | Λ | n |
| 029997 Group subscriber subrotal | | | | | | |
| 0299999 Total group | Λ | n | n | n | n | 0 |
| 0399999 Premiums due and unnaid from Medicare entities | | | | | | |
| 0299998 Premiums due and unpaid not individually listed | 69,590 | 67,370 | 72,484 | 92,383 | | 301,729 |
| 0599999 Accident and health premiums due and unpaid (Page 2, Line 13) | 69,590 | | 72,484 | 92,383 | 0 | 301,729 |
| sococo / toolont and notati promano ado and anpara (1 ago 2, Elle 10) | 00,000 | 01,010 | 12,404 | 02,000 | | 001,720 |

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ANNUAL STATEMENT FOR THE YEAR 2008 OF THE CareSource Michigan

EXHIBIT 3 - HEALTH CARE RECEIVABLES

| EXIIIDII 0 - II | | | | | | |
|--|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| 1 Name of Debtor | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | 7 Admitted |
| Name of Debtor | 1 - 30 Days | 31 - 60 Days | 01 - 90 Days | Over 90 Days | Nonaumilleu | Admitted |
| Individually Listed Receivables: Rx America | 60 543 | 64 , 177 | 74 505 | 131,407 | 131,406 | 204 200 |
| KX AMEC ICA | | | 71,595 | 131,407 | 131,406 | 204,286 |
| First Health | 193,020 | 64,177 | 74 505 | 131,407 | 131,406 | 193,020 |
| U199999 - Totals - Pharmaceutical repate receivables | 262,139 | | 71,595 | | 131,400 | |
| State of Michigan | 299,219 | 82,789 | 30,671 | 147,222 | 0 | 559,901 |
| 0499999 - Totals - Capitation Arrangement Receivables | 299,219 | 82,789 | 30,671 | 147,222 | 00.000 | 559,901 |
| 0699998 - Aggregate of amounts not individually listed above. 0699999 - Totals - Other Receivables | 205,479 | 23,751 | 25,713 | | | |
| 0699999 - lotals - Other Receivables | 205,479 | 23,751 | 25,713 | | 66,908 | 254,943 |
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| 0799999 Gross health care receivables | 766,837 | 170,717 | 127,979 | 345,537 | 198,314 | 1,212,756 |

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

| | Aging Analysis of Unpaid | Claims | | | | |
|--|--------------------------|-------------------|-------------------|--------------------|--------------------|------------|
| 1 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 Days | 6 Over 120 Days | 7 Total |
| Claims Unnaid (Reported) | 1 00 Buys | or co bays | 01 30 Days | 31 120 Bays | Over 120 Bays | Total |
| Hospital Reimbursement Adjustment | 2,409,467 | | | | | 2,409,467 |
| Claims Unpaid (Reported) Hospital Reimbursement Adjustment | 2,149,198 | 23,216 | | 18,023 | | 2,258,686 |
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| 0199999 Individually listed claims unpaid. | 4,558,665 | 23,216 | 31,755 | | | .4,668,153 |
| 0299999 Aggregate accounts not individually listed-uncovered | | | | | | 0 |
| 0399999 Aggregate accounts not individually listed-covered | | | | | | 0 |
| 0499999 Subtotals | 4,558,665 | 23,216 | 31,755 | 18,023 | 36,494 | 4,668,153 |
| 0599999 Unreported claims and other claim reserves | | | | | | 10,617,414 |
| 0699999 Total amounts withheld | | | | | | 288,852 |
| 0799999 Total claims unpaid | | | | | | 15,574,419 |
| 0899999 Accrued medical incentive pool and bonus amounts | | | | | | 120,598 |

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | Adm | itted |
|---|-------------|--------------|--------------|--------------|-------------|---------------------|-------------|
| | | | | | | 7 | 8 |
| Name of Affiliate | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | Over 90 Days | Nonadmitted | Adr 7 Current | Non-Current |
| Individually Listed Receivables: | - | • | | | | | |
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| 0199999 Individually listed receivables | 0 | 0 | 0 | 0 | 0 | 0 | (|
| 0299999 Receivables not individually listed | | | | | | | |
| 0399999 Total gross amounts receivable | 0 | 0 | 0 | 0 | 0 | 0 | (|

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

| 1 | 2 | 3 | 4 | 5 |
|--|-----------------------|-----------|-----------|-------------|
| Affiliate | Description | Amount | Current | Non-Current |
| CareSource USA Holding Company | Ordinary Distribution | 4,400,000 | 4,400,000 | |
| CareSource Management Group | Administration | 3,394 | 3,394 | |
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| | | 4 400 004 | 4 400 004 | ^ |
| 0199999 Individually listed payables | | 4,403,394 | 4,403,394 | 0 |
| 0299999 Payables not individually listed | | 4 400 004 | 4 400 004 | |
| 0399999 Total gross payables | | 4,403,394 | 4,403,394 | 0 |

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ANNUAL STATEMENT FOR THE YEAR 2008 OF THE CareSource Michigan

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

| Payment Method | 1 Direct Medical Expense Payment | 2 Column 1 as a % of Total Payments | 3 Total Members Covered | 4 Column 3 as a % of Total Members | 5 Column 1 Expenses Paid to Affiliated Providers | 6 Column 1 Expenses Paid to Non-Affiliated Providers |
|--|---|--|----------------------------------|---|---|---|
| Capitation Payments: | | | | | | |
| Medical groups | 0 | | | 0.0 | | |
| 2. Intermediaries | 1,496,522 | 1.2 | | 0.0 | | 1,496,522 |
| 3. All other providers | 30,550,315 | 25.2 | | 0.0 | | 30,550,315 |
| 4. Total capitation payments | 32,046,837 | 26.4 | 0 | 0.0 | 0 | 32,046,837 |
| Other Payments: | | | | | | |
| 5. Fee-for-service | 0 | 0.0 | XXX | XXX | | |
| Contractual fee payments | 82,413,658 | | xxx | XXX | | |
| 7. Bonus/withhold arrangements - fee-for-service | 0 | 0.0 | XXX | XXX | | |
| Bonus/withhold arrangements - contractual fee payments | 6,947,257 | 5.7 | XXX | XXX | | 6,947,257 |
| 9. Non-contingent salaries | 0 | 0.0 | xxx | XXX | | |
| 10. Aggregate cost arrangements | 0 | 0.0 | xxx | XXX | | |
| 11. All other payments | 0 | 0.0 | XXX | XXX | | 1 |
| 12. Total other payments | 89,360,915 | 73.6 | XXX | XXX | 0 | 89,360,915 |
| 13. Total (Line 4 plus Line 12) | 121,407,752 | 100 % | XXX | XXX | 0 | 121,407,752 |

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

| | EXHIBIT FACE COMMAND OF TRANSPORTERS | | | - | 2 |
|----------------|--------------------------------------|-----------------|----------------------------------|--|------------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | Average | | Intermediary's |
| | | | Monthly | Intermediary's | Intermediary's Authorized |
| NAIC Code | Name of Intermediary | Capitation Paid | Average Monthly Capitation | Intermediary's Total Adjusted Capital | Control Level RBC |
| 147110 0000 | Name of intermedial y | Capitation Fala | Capitation | Total / tajastea Gapital | OUTILOT ECVELTABO |
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| 9999999 Totals | | | XXX | XXX | XXX |

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

| · | 1 | 2 | 3 | 4 | 5 | 6 |
|---|------|--------------|--------------------------|---------------------------------|------------------------|---------------------|
| Description | Gost | Improvements | Accumulated Depreciation | Book Value Less Encumbrances | Assets Not Admitted | Net Admitted Assets |
| Administrative furniture and equipment | | | | | | |
| Medical furniture, equipment and fixtures | | | | | | |
| Pharmaceuticals and surgical supplies | | | | | | |
| Durable medical equipment | | | | | | |
| 5. Other property and equipment | | | | | | |
| 6. Total | | 0 0 | 0 | 0 | 0 | 0 |



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareSource Michigan

2. ______

| | | | | | | | | (LOCATION) | | |
|---|-------------|-----------------------|------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| AIC Group Code 0000 BUSINESS IN THE STATE | OF Michigan | | | DURING THE YEAR | 2008 | | | NAI | C Company Code | 95562 |
| | 1 | Compre (Hospital & | & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Total | 2 Individual | 3 Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 47,956 | | | | | | | | 47,956 | |
| 2 First Quarter | 50,461 . | | | | | | | 2 | 50,459 | |
| 3 Second Quarter | 49,734 . | | | | | | | 21 | 49,713 | |
| 4. Third Quarter | 49,395 | | | | | | | 66 | 49,329 | |
| 5. Current Year | 49,465 | | | | | | | 59 | 49,406 | |
| 6 Current Year Member Months | 598,324 | | | | | | | 409 | 597,915 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | 240,578 | | | | | | | 307 | 240,271 | |
| 8. Non-Physician | 174,195 | | | | | | | 258 | 173,937 | |
| 9. Total | 414,773 | 0 | 0 | 0 | 0 | 0 | 0 | 565 | 414,208 | |
| 10. Hospital Patient Days Incurred | 19,174 | | | | | | | 69 | 19,105 | |
| 11. Number of Inpatient Admissions | 5,200 | | | | | | | 19 | 5,181 | |
| 12. Health Premiums Written (b) | 154,822,705 | | | | | | | 392,470 | 154 , 430 , 235 | |
| 13. Life Premiums Direct | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | |
| 15. Health Premiums Earned | 154,822,705 | | | | | | | 392,470 | 154 , 430 , 235 | |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 121,407,752 | | | | | | | 198,031 | 121,209,721 | |
| 18. Amount Incurred for Provision of Health Care Services | 123,566,222 | | | | | | | 336,195 | 123,230,027 | |

| a) For health business: number of persons insured under PPO managed care products | and number of persons under indemnity only products |
|---|---|
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 392,470



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareSource Michigan

2.

| | | | | | | | | (LOCATION) | | |
|---|-----------------|------------------------|------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| AIC Group Code 0000 BUSINESS IN THE STATE | OF Consolidated | | | DURING THE YEAR | 2008 | | | NA | IC Company Code | 95562 |
| | 1 | Comprel (Hospital & | k Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Total | 2 Individual | 3 Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 47 ,956 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 47 ,956 | |
| 2 First Quarter | 50,461 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 50,459 | |
| 3 Second Quarter | 49,734 . | 0 | 0 | 0 | 0 | 0 | 0 | 21 | 49,713 | |
| 4. Third Quarter | 49,395 | 0 | 0 | 0 | 0 | 0 | 0 | 66 | 49,329 | |
| 5. Current Year | 49,465 | 0 | 0 | 0 | 0 | 0 | 0 | 59 | 49,406 | |
| 6 Current Year Member Months | 598,324 | 0 | 0 | 0 | 0 | 0 | 0 | 409 | 597,915 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | 240,578 . | 0 | 0 | 0 | 0 | 0 | 0 | 307 | 240,271 | |
| 8. Non-Physician | 174,195 | 0 | 0 | 0 | 0 | 0 | 0 | 258 | 173,937 | |
| 9. Total | 414,773 | 0 | 0 | 0 | 0 | 0 | 0 | 565 | 414,208 | |
| 10. Hospital Patient Days Incurred | 19,174 | 0 | 0 | 0 | 0 | 0 | 0 | 69 | 19,105 | |
| 11. Number of Inpatient Admissions | 5,200 | 0 | 0 | 0 | 0 | 0 | 0 | 19 | 5,181 | |
| 12. Health Premiums Written (b) | 154,822,705 | 0 | 0 | 0 | 0 | 0 | 0 | 392,470 | 154,430,235 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 154,822,705 | 0 | 0 | 0 | 0 | 0 | 0 | 392,470 | 154,430,235 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | 121,407,752 | 0 | 0 | 0 | 0 | 0 | 0 | 198,031 | 121,209,721 | |
| 18. Amount Incurred for Provision of Health Care Services | 123,566,222 | 0 | 0 | 0 | 0 | 0 | 0 | 336, 195 | 123,230,027 | |

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____ 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 392,470

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SCHEDULE S - PART 1 - SECTION 2

| | | | Reinsurance Assumed | Accident and Health Insurance Listed by Reins | ured Compan | y as of December 3 | 31, Current Year | | | | |
|-----------------|----------------------|----------------|---------------------|---|------------------------|--------------------|----------------------|--|---|------------------------|-------------------------------------|
| 1 NAIC | 2 | 3 | 4 | 5 | 6 Type of | 7 | 8 | 9 Reserve Liability Other Than for | 10 Reinsurance | 11 Modified | 12 |
| Company Code | Federal ID Number | Effective Date | Name of Reinsured | Location | Reinsurance Assumed | Premiums | Unearned Premiums | Unearned | Reinsurance Payable on Paid and Unpaid Losses | Coinsurance Reserve | Funds Withheld Under Coinsurance |
| Code | Number | Lilective Date | Name of Remodred | Location | Assumed | FIGHHUMS | FIGHHUMS | FIGIIIUIIIS | and Onpaid Losses | Neserve | Officer Confisurance |
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SCHEDULE S - PART 2 Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

| 1 NAIC Company | 2 | 3 | ble on Paid and Unpaid Losses Listed by Re 4 | 5 | 6 | 7 |
|----------------------|---------------------------------------|---------------------|---|-------------|----------------------|---------------|
| Company | Number | Effective Date | Name of Company HCC Life Insurance Company | Location | Paid Losses | Unpaid Losses |
| 92711 | 35 - 1817054 | 03/01/2008 | HCC Life Insurance Company | Kennesaw GA | 57 , 163 57 , 163 | 47 ,870 |
| 0599999 - Acci | dent and Health | Non-Affiliates | | | 57,163 | 47,870 |
| 0699999 - 1018 | ıls - Accident an | d Health | T | T | 57,163 | 47,87 |
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| 0799999 _ To | tals – Life, Annı | uity and Accident a | nd Health | | 57,163 | 47,8 |

1599999 Totals

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE CareSource Michigan

SCHEDULE S - PART 3 - SECTION 2

| | Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year | | | | | | | | | | | |
|---------|--|-------------------|----------------------------|-------------|----------|---|-------------------|----------------------|---------------|----------------|-------------|---|
| 1 | 2 | 3 | A | 5 | 6 | 7 | 8 | 9 | Outstanding 9 | Surnlus Relief | 12 | 13 |
| NAIC | 2 | 3 | 7 | J | · · | , | | Reserve Credit | 10 | 11 | Modified | 10 |
| Company | Federal ID | | | | | | Unearned Premiums | Taken Other than for | | | Coinsurance | Funds Withheld |
| Code | Number | Effective Date | Name of Company | Location | Type | Premiums | (Estimated) | Unearned Premiums | Current Year | Prior Year | Reserve | Under Coinsurance |
| 92711 | 35-1817054 | 03/01/2008 | HCC Life Insurance Company | Kennesaw GA | \$\$/1/L | 289,171 | | | | | | |
| 0299999 | 0299999 - Total Authorized General Account - Non-Affiliates | | | | | 289,171 | | | | | | |
| | 0399999 - Total Authorized General Account | | | | | 289,171 | | | | | | |
| 0799999 | - Total Authorize | d and Unauthorize | d General Account | | | 289,171 | | | | | | |
| | • | • | | | | • | | | | | | |
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SCHEDULE S - PART 4

| | Reinsurance Ceded to Unauthorized Companies | | | | | | | | | | | | |
|-------------------------|---|-------------------|-------------------|-------------------------|--|--------------|------------------------|-------------------|------------------|---|-------|------------------------------------|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| NAIC Company Code | Federal ID Number | Effective Date | Name of Reinsurer | Reserve Credit Taken | Paid and Unpaid Losses Recoverable (Debit) | Other Debits | Total (Cols. 5+6+7) | Letters of Credit | Trust Agreements | Funds Deposited by and Withheld from Reinsurers | Other | Miscellaneous Balances (Credit) | Sum of Cols 9+10+11+12+13 But Not in Excess of Col. 8 |
| | | | | | | | | | | | | | |
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| 1199999 | Total | | | | | | | | | | | | |
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Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

| (oo Omitea) | | | | | | | | | | |
|-------------|---|-----------|-----------|-----------|-----------|-----------|--|--|--|--|
| | | 1 2008 | 2 2007 | 3 2006 | 4 2005 | 5 2004 | | | | |
| Α. (| DPERATIONS ITEMS | | | | | | | | | |
| 1. | Premiums | 0 | 0 | 0 | 0 | 0 | | | | |
| 2. | Title XVIII-Medicare | 1 | 0 | 0 | 0 | 0 | | | | |
| 3. | Title XIX-Medicaid | 288 | 304 | 310 | 259 | 498 | | | | |
| 4. | Commissions and reinsurance expense allowance | | 0 | 0 | 0 | 0 | | | | |
| 5. | Total hospital and medical expenses | | 0 | 0 | 0 | 0 | | | | |
| В. І | BALANCE SHEET ITEMS | | | | | | | | | |
| 6. | Premiums receivable | | 0 | 0 | 0 | 0 | | | | |
| 7. | Claims payable | 48 | 0 | 0 | 0 | 0 | | | | |
| 8. | Reinsurance recoverable on paid losses | 57 | 100 | 132 | 176 | 0 | | | | |
| 9. | Experience rating refunds due or unpaid | | 0 | 0 | 0 | 0 | | | | |
| 10. | Commissions and reinsurance expense allowances unpaid | | 0 | 0 | 0 | 0 | | | | |
| 11. | Unauthorized reinsurance offset | 0 | 0 | 0 | 0 | 0 | | | | |
| | UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | | | | | |
| 12. | Funds deposited by and withheld from (F) | 0 | 0 | 0 | 0 | 0 | | | | |
| 13. | Letters of credit (L) | 0 | 0 | 0 | 0 | 0 | | | | |
| 14. | Trust agreements (T) | 0 | 0 | 0 | 0 | 0 | | | | |
| 15. | Other (O) | 0 | 0 | 0 | 0 | 0 | | | | |

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

| Restatement of Balance Sheet to Identify Net C | 1 | 2 | 3 |
|---|----------------------------|----------------------------|---------------------------|
| | As Reported (net of ceded) | Restatement Adjustments | Restated (gross of ceded) |
| ASSETS (Page 2, Col. 3) | | | |
| Cash and invested assets (Line 10) | 44,461,335 | | 44,461,335 |
| Accident and health premiums due and unpaid (Line 13) | 301,729 | | 301,729 |
| Amounts recoverable from reinsurers (Line 14.1) | 57 , 163 . | (57 , 163) | |
| Net credit for ceded reinsurance | xxx | 105,039 | 105,03 |
| All other admitted assets (Balance) | 1,468,279 | | 1,468,27 |
| 6. Total assets (Line 26) | 46,288,506 | 47,876 | 46,336,38 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 7. Claims unpaid (Line 1) | 15,526,543 | 47,876 | 15,574,41 |
| Accrued medical incentive pool and bonus payments (Line 2) | 120,598 | | 120 , 59 |
| Premiums received in advance (Line 8) | 0 | | |
| 10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17) | 0 | | |
| 11. Reinsurance in unauthorized companies (Line 18) | 0 | | |
| 12. All other liabilities (Balance) | 11,109,451 | | 11,109,45 |
| 13. Total liabilities (Line 22) | 26,756,592 | 47,876 | 26 , 804 , 46 |
| 14. Total capital and surplus (Line 31) | 19,531,914 | XXX | 19,531,91 |
| 15. Total liabilities, capital and surplus (Line 32) | 46,288,506 | 47,876 | 46,336,38 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 16. Claims unpaid | 47,876 | | |
| 17. Accrued medical incentive pool | 0 | | |
| 18. Premiums received in advance | 0 | | |
| 19. Reinsurance recoverable on paid losses | 57 , 163 | | |
| 20. Other ceded reinsurance recoverables | 0 | | |
| 21. Total ceded reinsurance recoverables | 105,039 | | |
| 22. Premiums receivable | 0 | | |
| 23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers | 0 | | |
| 24. Unauthorized reinsurance | 0 | | |
| 25. Other ceded reinsurance payables/offsets | 0 | | |
| 26. Total ceded reinsurance payables/offsets | 0 | | |
| 27. Total net credit for ceded reinsurance | 105,039 | | |

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories

| | | | ed by States and Terri | Direct Bus | iness Only | | |
|--|---------|-------------------------|------------------------|--------------------------------|-----------------------------|-------------------|--------|
| | | 1 Life (Group and | 2 Annuities (Group | 3 Disability Income (Group and | 4 Long-Term Care (Group and | 5 Deposit-Type | 6 |
| States, Etc. | | Individual) | and Individual) | Individual) | Individual) | Contracts | Totals |
| 1. Alabama | AL | | | | | | |
| 2. Alaska | AK | | | | | | |
| 3. Arizona | AZ | | | | | | |
| 4. Arkansas | AR | | | | | | |
| 5. California | CA | | | | | | |
| 6. Colorado | CO | | | | | | |
| 7. Connecticut | CT | | | | | | |
| 8. Delaware | DE | | | | | | |
| District of Columbia | | | | | | | |
| 10. Florida | | | | | | | |
| 11. Georgia | GA | | | | | | |
| 12. Hawaii | | | | | | | |
| | П ID | | | | | | |
| 13. Idaho | | | | | | | |
| 14. Illinois | | | - | | ···· | | |
| 15. Indiana | | | | | | | |
| 16. lowa | IA | | | | | | |
| 17. Kansas | KS | | - | | } | } | ļ |
| 18. Kentucky | | | | | | | |
| 19. Louisiana | | | | | | | |
| 20. Maine | ME | | | | | | |
| 21. Maryland | MD | | | | | | |
| 22. Massachusetts 23. Michigan 24. Minnesota | MA | | | | | | |
| 23. Michigan | MI | | | | | | |
| 24. Minnesota | MN | | | | | | |
| 25. Mississippi | | | | | | | |
| 26. Missouri | | | | | | | |
| 27. Montana | | | | | | | |
| | | | | | | | |
| 28. Nebraska | | | | | | | |
| 29. Nevada | | | | | | | |
| 30. New Hampshire | | | | | | | |
| 31. New Jersey | | | | | | | |
| 32. New Mexico | | | | | | | |
| 33. New York | NY | | | | | | |
| 34. North Carolina | NC | | | | | | |
| 35. North Dakota | ND | | | | | | |
| 36. Ohio | OH | | | | | | |
| 37. Oklahoma | OK | | | | | | |
| 38. Oregon | | | | | | | |
| 39. Pennsylvania | | | | | | | |
| 40. Rhode Island | | | | | ļ | | } |
| 41. South Carolina | | | | | | | |
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| 42. South Dakota | | | - | | | · | |
| 43. Tennessee | TN | | | | | | |
| 44. Texas | TX | | | | | | |
| 45. Utah | | | - | | | | |
| 46. Vermont | VT | | | | | | |
| 47. Virginia | VA | | | | ļ | | |
| 48. Washington | WA | | | | | | |
| 49. West Virginia | WV | | | | | | |
| 50. Wisconsin | | | | | | | |
| 51. Wyoming | | | | | L | L | L |
| 52. American Samoa | | | | | | | |
| 53. Guam | | | | | | | |
| | | | | | | | } |
| 54. Puerto Rico | | | | | | | |
| 55. U.S. Virgin Islands | | | | | | | |
| 56. Northern Mariana Islands | | | | | | | ļ |
| 57. Canada | | | | | | | |
| 58. Aggregate Other Alien | OT | | | | | | |
| 55.7.9g.5gut6 54.6.7 | | | | | | | |

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SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

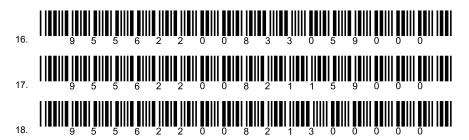
| | PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES | | | | | | | | | | | |
|-------------------------|--|--|--------------------------|--------------------------|--|--|--------------------------|---|---------------------------------------|--|--------------------------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 Income/ | 8 | 9 | 10 | 11 | 12 | 13 |
| NAIC Company Code | Federal ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
| 95562 | . 38-3252216 31-1703371 | CareSource Michigan | | | | | (9,618,742) 9,618,742 | | | | (9,618,742) 9,618,742 | |
| | 31-1/033/1 | CareSource Management Group. | | | | | 9,618,742 | | | • | 9,618,742 | |
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| 9999999 C | Control Totals | | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory

| | MARCH FILING | Responses |
|--------------|--|-------------------------------|
| 1. | Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | YES |
| 2. | Will an actuarial opinion be filed by March 1? | YES |
| 3. | Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | YES |
| 4. | Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | YES |
| | APRIL FILING | |
| 5. | Will Management's Discussion and Analysis be filed by April 1? | YES |
| 6. | Will the Supplemental Investment Risks Interrogatories be filed by April 1? | YES |
| 7. | Will the Accident and Health Policy Experience Exhibit be filed by April 1? | YES |
| | JUNE FILING | |
| 8. | Will an audited financial report be filed by June 1? | YES |
| which | llowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact to the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code ment is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory are as a second or specific provided in the sp | will be printed below. If the |
| | MARCH FILING | OFF EVEL ANATION |
| 9. | | SEE EXPLANATION |
| 10. | • | N0N0 |
| 11. | | NONO. |
| 12. 13. | Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement | |
| | be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 14. | | N0 |
| 15. | Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | SEE EXPLANATION |
| | APRIL FILING | |
| 16. | | N0 |
| 17. | | N0 |
| 18. | Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? | N0 |
| 16 . 17 . | overage Provided through a Medicare Advantage Program | |
| 18. Bar (| CODE: | |
| | | |
| 10. | | |
| 11. | | |
| 12. | | |
| 13. | | |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



OVERFLOW PAGE FOR WRITE-INS

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